



1997 ECONOMIC CENSUS
GENERAL MERCHANDISE STORES

OMB No. 0607-0826: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

RT-5302

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc. State ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries 2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough 2 Town or township 3 Other – Specify 4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation 2 Temporarily or seasonally inactive 3 Ceased operation – Give date at right 4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City State ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

Preferred

Acceptable

Item 4. DOLLAR VOLUME OF BUSINESS

Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

Variety store, five and dime store

Limited-price variety store

Home and auto supply store

Conventional department store

Discount or mass merchandising department store

General merchandise store

Craft supply store

Gift, novelty, souvenir store

Other kind of business – Describe

ITEM 7 CONTINUED ON PAGE 2

<div>Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued</div> <div><div>b. Selling characteristics</div><div><div>1. In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.</div><div>068</div><div><div>From physical displays of priced merchandise . . .</div><div>1</div><div><input type="checkbox"/></div></div><div><div>From a counter (little or no display)</div><div>2</div><div><input type="checkbox"/></div></div><div><div>From a warehouse or office</div><div>3</div><div><input type="checkbox"/></div></div><div><div>Other – Describe</div><div>4</div><div><input type="checkbox"/></div></div><div></div></div></div> <div><div>2. How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.</div><div>069</div><div><div>Location and store attractiveness</div><div>1</div><div><input type="checkbox"/></div></div><div><div>Advertising to the general public, including direct mail advertising</div><div>2</div><div><input type="checkbox"/></div></div><div><div>Advertising to the trade or calls directly to customers</div><div>3</div><div><input type="checkbox"/></div></div><div><div>Other – Describe</div><div>4</div><div><input type="checkbox"/></div></div><div></div></div>				
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If not shown, please enter your 11-digit Census File Number from the address label on page 1						Census File Number					
Item 10. MERCHANDISE LINES – Continued						Item 10. MERCHANDISE LINES – Continued					
Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent			Mil.	Thou.	Dol.	Per-cent
13. Flooring and floor coverings						29. Sporting goods	0500				
a. Soft-surface (textile) floor coverings and accessories	0361					30. Jewelry (Include watches, watch attachments, novelty jewelry, etc. Report flatware and holloware on line 7b and receipts from watch, clock, and jewelry repair and engraving on line 47.)	0400				
b. Hardwood flooring	0363										
c. Other hard-surface floor coverings and accessories (include tile and sheet goods)	0364										
d. Sum of lines 13a through 13c	0360					31. Optical goods (include eyeglasses, contact lenses, sunglasses, etc.)	0490				
14. Computer hardware, software, and supplies (Report computer-related furniture on line 11. Report calculators and office equipment, such as adding machines, copiers, fax machines, etc., on line 15. Report office supplies on line 43.)	0370					32. Tobacco products and accessories (exclude sales from vending machines operated by others)	0150				
15. Office equipment (Include fax machines, dictaphones, copying machines, calculating machines, etc. Report office supplies on line 43.)	0854					33. Drugs, health aids, beauty aids	0160				
16. Toys, hobby goods, and games (Include video and electronic games, and wheel goods, except bicycles. Report bicycles on line 29.)						34. Paper and related products (include paper towels, toilet tissue, wraps, bags, foils, etc.)	0190				
	a. Toys (include wheel goods)	0461				35. Soaps, detergents, and household cleaners	0180				
	b. Games (include video and electronic games)	0462				36. Automotive fuels	0720				
	c. Hobby goods	0463				37. Automotive lubricants (oil, greases, etc.)	0730				
	d. Sum of lines 16a through 16c	0460				38. Automotive tires, batteries, parts, accessories	0740				
						39. Packaged liquor, wine, and beer	0140				
17. Craft supplies	0881					40. Pets, pet foods, and pet supplies	0800				
18. Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption	0120					41. Photographic equipment and supplies (Report photofinishing on line 47)	0440				
19. Groceries and other food items for human consumption off the premises (Include candy, gum, packaged snacks, etc. Report vitamins on line 33 and pet food on line 40.)	0100					42. Paint and sundries	0670				
20. Stationery and computer paper	0851					43. Office supplies	0853				
21. School supplies	0852					44. Souvenirs and novelty items	0877				
22. Greeting cards	0855					46. All other merchandise (Report receipts for services on line 47) <i>Specify principal lines and estimated sales below</i> 076 a. 077 b. 078 c.	0878				
23. Luggage and leather goods (Report men's and women's small leather apparel accessories on line 2 or 1)	0859										
24. Books (Report audio tape books on line 8 and comic books on line 25)	0420										
25. Magazines and newspapers	0856										
26. Hardware, tools, and plumbing and electrical supplies	0600										
27. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	0620					47. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES	9900				
28. Dimensional lumber and other building/structural materials and supplies (Report paint and sundries on line 42)	0640					48. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 11. SPECIAL INQUIRIES

a. Floor space as of December 31, 1997

INCLUDE:

- Only the floor space used/controlled by this company.
- All space occupied by this establishment on every floor of multi-story buildings.

EXAMPLE: How to compute floor space in square feet

(1) Under-roof selling space is:
200 ft. x 80 ft. = 16,000 sq. ft.

(2) Total under-roof floor space is:
200 ft. x 100 ft. = 20,000 sq. ft.

100 ft.

80 ft.

20 ft.

Selling space

OfficeStorage

200 ft.

(1) Under-roof selling space – Enter the square feet of in-store selling space at the end of 1997. Include all store areas open to customers, including aisles, elevators, etc. Do not include display windows fronting onto streets or walks, outdoor entrance ways, or other outdoor space.

(2) Total under-roof floor space – Enter the total square footage of all under-roof selling space plus all other space available at the end of 1997. Include dry storage, refrigerated space, offices, workrooms, display windows, and enclosed entrance ways. Do not include outdoor space, even if covered.

b. Did this establishment have a CENTRALIZED check-out area with MULTIPLE cash registers in 1997?

259 1 Yes2 No

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment’s legal form of organization during 1997? Mark (X) only ONE box.

003 1 Partnership2 Cooperative association (taxable)3 Cooperative association (tax-exempt)4 Government – Specify5 Corporation (Do not mark if any form of cooperative association)6 Other – Specify

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item2 No – Skip to item 15

b. Is this company owned or controlled by another company?

097 1 Yes2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

c. Does this company own or control any other company or companies?

098 1 Yes2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

Number079

If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1

Name

Number and street

CityStateZIP Code

Kind-of-business description

1997

Mil.

Thou.

Dol.

Sales

Annual payroll

Paid employees for pay period including March 12

Census use

2

Name

Number and street

CityStateZIP Code

Kind-of-business description

1997

Mil.

Thou.

Dol.

Sales

Annual payroll

Paid employees for pay period including March 12

Census use

3

Name

Number and street

CityStateZIP Code

Kind-of-business description

1997

Mil.

Thou.

Dol.

Sales

Annual payroll

Paid employees for pay period including March 12

Census use

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report

FROM: Mo. Year

TO: Mo. Year

Name of person to contact regarding this report – Print or type

Title

TelephoneArea codeNumberExtension

Signature of authorized personDate

FORM RT-5302

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS